



**Centre for Distance & Open Learning (CDOL)
Jamia Millia Islamia (JMI)**

Application Form for Establishing a Study Centre

General Instructions

1. All the columns must be filled up in legible handwriting. Incomplete applications may be rejected.
2. Certified copies of all the relevant documents as per the check list given at the end of this form should be enclosed with the application form.

Application For : New Study Centre Old Study Centre for more programmes

Programme Applied For :

For office Use only

Application No. :

Processing Fee :
.....

A. GENERAL INFORMATION ABOUT THE INSTITUTE

1. **Name of Institution** _____
Affiliated to _____ **State/Central University** _____
2. **Postal Address** _____

3. **Phone No. with STD Code** _____ **Mobile No.** _____
4. **FAX No** _____ **Email** _____
5. **Location of Institution- Rural..... Urban..... Semi-urban.....**

| S.No. | Places | Name | Distance in Km. |
|-------|---------------------------|------|-----------------|
| 1. | Nearest Police Station | | |
| 2. | Nearest Nationalized Bank | | |
| 3. | Nearest Railway Station | | |
| 4. | Nearest Airport | | |

6. **What are the courses that the institution at present is offering.**

7.

| S.No. | Under Graduate | Post Graduate | Diploma & Certificate |
|-------|----------------|---------------|-----------------------|
| | | | |
| | | | |
| | | | |

8. **Details of application cum Processing Fee of (Rs. 1000/- + Rs. 20,000/-) Rs. 21,000/-**

Demand Draft No. Date Name of the Bank

- B. INFORMATION ABOUT THE SOCIETY/TRUST RUNNING THE INSTITUTION (if any).**

9. **Application No. and Date** _____

*(Certified copy of the Certificate of Registration and Memorandum of the Society is to be enclosed. **Enclosure-I**).*

10. Validity date _____

10. **Name & official address of the Manager/President/Chairman/Head of the Institution**

Name : _____

Designation : _____

Address : _____

Phone No. with STD Code : _____

Mobile Number : _____

E-mail-ID : _____

- C. Infrastructural & academic facilities**

11. **Is the Institution located in a rented building or own building?** _____

12. **Physical Size** *(Land documents to be enclosed. **Enclosure-II**)*

a) Area of Institution Campus _____ (in Acres.) _____ (in sq.Mtrs.)

b) Built up Area in (in sq.Mts.) _____

13. **Infrastructure Details**

Rooms, Library and Laboratories (*Lay out plan of the Institution to be enclosed.*

Enclosure-III).

| Sl. No. | Type of Room | Size in Sq. Ft. | Seating/Using Capacity | No. of Such rooms | Availability on weekends/off hours/holidays (Y/N) | Programme (DM) for which allocated |
|---------|--|-----------------|------------------------|-------------------|---|------------------------------------|
| 1 | Class Rooms | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 | Conference Room | | | | | |
| 3 | Library (Reading Room if any) | | | | | |
| 4 | Computer Lab | | | | | |
| 5 | Office/Staff Room | | | | | |
| 6 | Canteen/Cafterea (if any) | | | | | |
| 7 | Other Labs (if aplicable). For DEE, B.Ed, PGDGI | | | | | |
| 8 | Any other Kindly Mention | | | | | |
| | | | | | | |

14. **Faculty/Resource Persons** (*List of Faculty indicating qualifications, subject(s) taught & experience etc. to be enclosed. Enclosure-IV).*

| Sl. No. | Name Faculty Member/ Resource Person | Designation and Subject area | Highest Qualification | U/O/Onsare/other house-h | (Y/N)AttachedCV | (Y/N)Attached Consort /other |
|---------|---|---------------------------------|--------------------------|-----------------------------|-----------------|------------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Attach Additional Sheet if Required

15. **Administrative support staff** (List indicating qualification experience, etc.

Enclosure -V).

| Sl. No. | Staff | Name | Highest Qualification |
|---------|---|------|-----------------------|
| 1. | Program Coordinator (one for each programme applied) | | |
| 2. | Clerks | | |
| 3. | Lab Attendants | | |
| 4. | Librarian | | |
| 5. | Peons | | |

16. **Other Facilities**

a) Facility of Toilets Available Not Available

b) Facility of Drinking Water Available Not Available

c) Fire Safety Measures Available Not Available

d) Is there a certificate about health and sanitary conditions, drinking water and fire safety of the institution, obtained from the competent authorities of the area. YES / NO

e) If yes please attach copy of the same

17. **Library Facilities (Give information programme wise)**

a) Is there a Librarian in the institution. YES / NO

b) Programme applied for (Give detail of books/journals related to the programme)

Title Nos. Volumes Nos. Magazine/Journals Nos.

18. **Other Facilities available in the Institution (if any)**

Sports & Game Dance Room Gymnasium Music Room

Hostel Health and Medical Check up

19. **Is there Generator Backup in the campus in case of electricity interruption**
YES / NO.

20. **Audio-Video & ICT facilities available in the institution**

Television VCR/VCP Audio Cassettes Tape Recorder

Multimedia Computers Internet Facilities Wifi connection

CCTV enabled

Does the institute has its own website. Yes/No If yes

21. **Whether ventilation and lighting is enough in the classrooms** YES/NO

22. **Libraries** YES/NO **and laboratories** YES/NO

D. SUITABILITY FOR CONDUCTING PUBLIC EXAMINATION

23. **Is the Institution fit for conducting public examinations?** YES / NO

24. **If so, specify the following details (for how many students in one sitting)**

a) Availability of sufficient furniture Number : _____

b) Availability of security arrangements Number : _____

c) Availability of invigilators Numbers : _____

d) Existence of boundary wall with gate : YES NO

E. FINANCIAL STATUS OF THE INSTITUTION

25. **Details of Income and Expenditure** (*Audited reports of last 3 years to be enclosed. Enclosure-VI*).

| Sl. No. | Year | Income (in Rs.) | Expenditure (in Rs.) | Sources of Income |
|---------|------|--------------------|-------------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

26. **Does the applying Institution receive any grant from the Govt. of India/State Govt./Union Territory or any other source?** YES / NO

27. **If so, please provide detailed information of the nature of grant and the granting agency.** _____

F. OTHER RELEVANT INFORMATION

28. What are the working hours of the institution. Day ____ Time ____

29. Will the library and other facilities be available to the CDOL, JMI learners as and when required? Yes/No

30. Will the laboratories (if applicable in Programmes Applied for) be available to the CDOL, JMI students as and when required. Yes/No

31. When does the Applying Institution propose to hold CDOL, JMI, Counselling Session? _____

32. **Status of Students already studying in your Institutions :**

| Sl. No. | Course | Mode | Strength of Students | | Total |
|---------|--------|------------------|----------------------|-------|-------|
| | | Distance/Regular | Boys | Girls | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

33. **Express in a few lines - Why does the applying Institution want to be associated with CDOL, JMI.**

DECLARATION

This to certify that all the above information furnished regarding the Institution is correct and authentic to the best of my knowledge.

Date :

Place :

(Signature of the Head/President/Chairman/Manager)
 (Name with Rubber stamp)

CHECK LIST FOR ENCLOSURES

(Duly attested copies are to be attached by an applicant institution)

| S. No. | Particulars of the Document | Whether enclosed or not please tick | Remarks (If any) |
|--------|---|-------------------------------------|------------------|
| 1. | Application fee Rs. 1000/- and Processing cum inspection fee of Rs. 20,000/- (Twenty thousand) in the form of Demand Drafts drawn in favour of Jamia Millia Islamia payable at New Delhi. | | |
| 2. | Copy of the Certificate of Registration Society, Copy of the Memorandum of Association and Rules and Regulations, List of members of the Governing Body of the Society with their occupations and addresses (if applicable). | | |
| 3. | Copy of the letter of affiliation from the University (if applicable). | | |
| 4. | Copy of Audited Statement of income and expenditure of the Society for the past three years (if any). | | |
| 5. | List of Faculty Member indicating their expertise, qualifications, designations, experience, length of service, who are associated with the institution or who have given their consent to work with if required a weekend and off hours. | | |
| 6. | Photographs of the libraries, laboratories/ classrooms and building of the Institution. | | |
| 7. | Documents of Land of the Institution or Rent agreement (if applicable), lease/ownership (if applicable). | | |
| 8. | Layout plan of the building of the Institution. | | |
| 9. | Course Registration Fee/Course/Programme of Rs. 5000/- in the form of Demand Drafts drawn in favour of Jamia Millia Islamia payable at New Delhi. | | |

NOTE: All the required above cited applicable documents must be submitted along with the application otherwise the application may not be considered.